

Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002; OMB 0851-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	P-8098-US
First Inventor or Application Identifier	BRONSTEIN, Rafael
Title	A METHOD AND APPARATUS FOR CURING INK BASED ON IMAGE CONTENT
Express Mail Label No.	

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning patent application contentsADDRESS TO: Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. ☐ Oath or Declaration [Total Pages 6]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
- c. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.78

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 5303)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other: Postcard

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.78:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

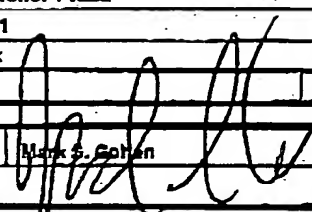
**18. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code

27130

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Eltan, Pearl, Latzor & Cohen Zedek, LLP.			
Address	10 Rockefeller Plaza Suite 1001			
City	New York	State	New York	Zip Code 10020
Country	USA	Telephone	(212) 632-3480	Fax (212) 632-3489

Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425
Signature		Date	28 October 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

17497 U.S. PTO  
10/694876  
102903

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT (\$1100.00)****Complete if Known:**

Application Number	
Filing Date	
First Named Inventor	BRONSTEIN, Rafael
Examiner Name	
Group / Art Unit	
Attorney Docket No.	P-6096-US

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number

05-0549

Deposit Account Name

Eitan, Pearl, Latzer &amp; Cohen Zedek, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	630	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

**SUBTOTAL (1) (\$770.00)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from Below	Fee Paid
24	4	18	72.00
Independent Claims	6	3	258.00

Multiple Dependent

x

0

Large Fee Code	Small Fee Code	Fee (\$)	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	88	43	Independent claims in excess of 3
1203	2203	280	145	Multiple dependent claim, if not paid
1204	2204	88	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$330.00)**

\*or number previously paid, if greater. For Reissues see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1012	2,520	1812	2,520	For filing a request for ex parte examination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	280	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to Institute a public use proceeding	
1452	110	2452	88	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(d)	
1808	180	1808	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (lines number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$0)****SUBMITTED BY**

Name (Print /Type)	Mark S. Gordon	Registration No. (Attorney/Agent)	42,425	Telephone	(212) 632-3480
Signature		Date	October 29, 2003		

Complete (if applicable)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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